## S Department of Labor Office of Labor-Management Standards Was sting on, DC 20210 C S Department of Labor FORM LM-30 LABOR ORGANIZATION OFFICER AND

oim approved ince of Management and Budget No 1215-0188 ε xpires 11-30-2006

|   | READ THE INSTRUCTIONS CAR  | READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.  |                        |  |  |  |  |
|---|--|--|------------------------|--|--|--|--|
| ·   | READ THE THE THE OTHER DESIGNATION OF THE PERSON OF THE PE |  |                        |  |  |  |  |
|   |  |  |                        |  |  |  |  |
| File Number U-d-199 01                                  | 2-128  | 2. Fiscal Year Covered From:   |                        |  |  |  |  |
| 6195  |  | 1/1/2005 Through /2/31/05  |                        |  |  |  |  |
| Name and address of person filing                       |  | 4 Name, file number, and address of labor organization   |                        |  |  |  |  |
| Wanne Richard STANIZZ JP                                |  | Name Pah Rike Coast Tanles Council   |                        |  |  |  |  |
|   |  | Labor Organizato - File Number 2 m 0/2 /2 8  |                        |  |  |  |  |
| '.O Bo∢, Bidg , Room No , if a                          | anv  | P O. Box, Building and Room Number, if any   |                        |  |  |  |  |
| Street 1231 Knock                                       | wille F.D  |  |                        |  |  |  |  |
| itreet 12 31 /SADA                                      | •  | Street 1231 Banks willed   |                        |  |  |  |  |
| City OF L   |  | City PSA.  |                        |  |  |  |  |
| State A   | 21P Code +4 /52/6  | State Pa. Zili   | Code + 4 /5 Z/         |  |  |  |  |
| Held an interest in, engag<br>ioneta y value from an em | jed in transactions (including loans) wi<br>ployer whose employees your orga   | ith, or derived income or other economic benefit of<br>inization represents or is actively seeking to represen | <u> </u>               |  |  |  |  |
| Name and address of Emplo                               | yer (including trade name if any)  | 7.a. Nature of Interest, Transaction or Income   |                        |  |  |  |  |
| Name  |  |  |                        |  |  |  |  |
| Trade Name I fany                                       |  | ,  |                        |  |  |  |  |
|   | _  |  |                        |  |  |  |  |
| P.O. Box, Bldg., Room No., if any                       |  | 7 b Amount.  |                        |  |  |  |  |
| P.O. Box, Bldg., Room No., if                           |  |  |                        |  |  |  |  |
|   |  |  |                        |  |  |  |  |
| Street  |  |  |                        |  |  |  |  |
| PO Box, Bldg., Room No., if  Street  City  State        | ZIP Code + 4   |  |                        |  |  |  |  |
| Street  | ZIP Code + 4   |  |                        |  |  |  |  |
| Street<br>City<br>State                                 |  | Signature  nalty of Perjury and other ap : icable penalties of the law, tha                                    | all at the internation |  |  |  |  |

| Name of Person Filing School Towisze   | F  | ile Number U-Chan  | 12-128                                |
|--|--|--|---------------------------------------|
| B. Held an interest in or derived income or economic benefit with monetary valuables and of which consists of buying from, selling or leasing to, or otherwised an employer whose employees your labor or ganization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization. | se dealing with the business<br>ly seeking to represent, or<br>ectly to, or otherwise  |  |                                       |
| 8. Name and address of Business (including trace name, if any).  | 9. Business deals with:  |  |                                       |
| Name PNC Advisors  | a Labor Organization   | 20   |                                       |
| Trade Name, if any:  | a. Labor Organization b. Trust   |  |                                       |
| P.O. Box, Bklg., Room No., if any  | c. Employer  |  |                                       |
| Street 2 PN2 Plaza   | 1 and the first first  |  |                                       |
| CTY 620 61600 7 100  |  |  |                                       |
| State 8 211 Code + 4 /5223   |  |  |                                       |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealin  | The state of the s |                                       |
| Name   | LAbor Mary<br>Baseball Tulkers   | ement Bolf   | Outing 77                             |
| Trade Name, fany:  | Base boll Tickers  | - <i>U</i> .   | 45                                    |
| P.O. Box, Bldç., Room No., if any  |  |  |                                       |
| Street   | 11.b. Approximate dollar value   | e of such dealing.   | 6/2.0                                 |
| City   | 12.a. Nature of interest held  | or income received.  |                                       |
| State ZIP Coda + 4   |  |  |                                       |
|  |  |  | ·                                     |
|  |  | V  | - Trans                               |
|  |  |  |                                       |
|  | 12.b. Amount.  |  |                                       |
| C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money   | er parts A and B above)  |  | · · · · · · · · · · · · · · · · · · · |
| 13.a. Name and .address of Employer or Labor Relations Consultant  | 14.a. Nature of payment.   |  |                                       |
| (including trade name, if any).  |  |  |                                       |
| Name   |  |  |                                       |
| Trade Name, if any:  |  |  |                                       |
| P.O. Box, Bldg., Room No., if any  |  |  |                                       |
| Street   | II. To appropriate to the second seco |  |                                       |
| City   |  |  |                                       |
| State ZIP Ccde + 4   |  | an hangan ya ku ya ku yan na ku ku yan na ku ku yan ku ku ya ku ku ya ku ku ya ku ku ku ya ku ku ku ku ku ku k<br>Manazarian ya ku   | (r-many ) (r-many)                    |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment.   |  |                                       |
| 1  | 1  |  |                                       |

| Name of Person Filing Kicharl Stunizzo  | File Number U. Lys 012-128  |  |  |
|---|---|--|--|
| B. Held an interest in or derived income or economic banefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwist of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly or indirectly your labor organization or with a trust in which your labor organization. | se dealing with the business ly seeking to represent, or ectly to, or otherwise |  |  |
| 8. Name and address of Business (including trace name, if any).  Name Lieu Many:  | 9. Business deals with:   |  |  |
| P.O. Box, Bklg., Room No., if any   | b. Trust  |  |  |
| Street 1/200 Three Telescop Cr  | c. Employer   |  |  |
| City         City           State         ZIP Code + 4 / 3 2 2  |   |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employars name.  | 11.a. Nature of such deailing.  |  |  |
| Name  | Ald Trole Scholarship Galf  |  |  |
| P.O. Box, Bidg., Room No., if any   | BOD Trade Scholarship Balf on Ting  |  |  |
| Streat  |   |  |  |
| City  | 11.b. Approximate dollar value of such dealing.                                 |  |  |
| State ZIP Code + 4  | 12.a. Natura di interast riesti di income raccinett.                            |  |  |
|   |   |  |  |
|   | 12.b. Amount.   |  |  |
| C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money   |   |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  | 14.a. Nature of payment.  |  |  |
| Name  |   |  |  |
| Trade Name, if any:   |   |  |  |
| P.O. Box, Bldg., Room No., if any   |   |  |  |
| Street  |   |  |  |
| State ZIP Code + 4  |   |  |  |
|   | 14.b. Amount of payment.  |  |  |
| 13.b. Is the Business an Employer or Consultant?  |   |  |  |

| Name of Person Filling And The 1770  | File Number U-2_12.012 - 12.02   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |  |  |  |  |  |  |
| 8. Name and address of Business (including trade name, if any).  Name  Trade Name, f any:  P.O. Box, Bldg., Room No., if any  Street 2-7-3 Mal/r Table 1.  | 9. Business deals with:  a. Labor Organization  b. Trust  c. Employer    |  |  |  |  |  |
| 10. If 9.b. or 9 c. is checked give trust or employer's name.  Name  Trade Name, f any.  P.O. Box, Bldg,, Room No., if any  Street  City  State  ZIF Code + 4  | 11.a. Nature of such dealing.  Approximate dollar value of such dealing. |  |  |  |  |  |
| C. Received from any employer (other than an employer covered unde   |  |  |  |  |  |  |
| or from any lapor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg, Room No., if any  | 14.a. Nature of payment.   |  |  |  |  |  |
| Street City State ZIF Code + 4   | 14 h Amount of payment   |  |  |  |  |  |

or Consultant

?

13.b. Is the Business an Employer

| Name of Person Filing Kicharl Jan 220   |   | File Number U-                                    | 012.128 |  |  |
|---|---|---|---------|--|--|
| B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor or ganization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization. | wise dealing with the busines<br>vely seeking to represent, or<br>firectly to, or otherwise | s   |         |  |  |
| 8. Name and address of Business (including trace name, if any).  Name U. P. M. C. Heacth Row  Trade Name, if any:  P.O. Box, Bklg., Room No., if any Object Chatters Ct  Street 1/2 Washington A.  City 12h  State 13 ZH2 Code + 4 152/9  | 9. Business deals with:  a. Labor Organiz  b. Trust  c. Employer                            |   |         |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employ at's name.  Name  Trade Name, f any:  P.O. Box, Bldg., Room No., if any   | 11.a. Nature of such dea  | -   | To g    |  |  |
| Street  City  State  ZIP Cods + 4   | 11.b. Approximate dollar v 12.a. Nature of interest h                                       | alce of such dealing.<br>seld or income received. | (200.n  |  |  |
|   | 12 h Amount   |   |         |  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  |   |   |         |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  | 14.s. Nature of payment.  | Maringari, y a yana ayo u mangangan ta            |         |  |  |
| Name  | 1   |   |         |  |  |
| Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Ccde + 4   |   |   |         |  |  |
| 13.b. is the Business an Employer or Consultant ?   | 14.b. Amount of paymer  | nt.   |         |  |  |